

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1668724

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52		1				
3		1					53		1				
4		1					54	1					
5		1					55	1					
6		1					56		1				
7		1					57		1				
8		1					58		1				
9		1					59	1					
10		1					60	1					
11		1					61		1				
12		1					62		1				
13	1						63		1				
14		2					64	1					
15		1					65		1				
16		1					66	1					
17	1						67	1					
18		1					68	1					
19		1					69		2				
20		1					70	1					
21		1					71	1					
22		1					72	1					
23		1					73		1				
24	1						74	1					
25		1					75						
26		1					76						
27	1						77						
28		1					78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42	1						92						
43	1						93						
44	1						94						
45	1						95						
46	1						96						
47		2					97						
48	1						98						
49		1					99						
50		1					100						
TOTAL IND.	26						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						